

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6		/				
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	12	↓	↓	↓		
TOTAL CLAIMS	18	6	6	6		

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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52					
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99					
100					
TOTAL IND.					
TOTAL DEP.		↓	↓	↓	
TOTAL CLAIMS		6	6	6	

BEST AVAILABLE COPY